

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

RONDELL C WASHINGTON  
LISA A WASHINGTON  
Debtor(s)

Case No. 09-41671

**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 11/03/2009.
- 2) The plan was confirmed on 01/27/2010.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 12/22/2010.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 12/01/2010.
- 5) The case was completed on 01/07/2015.
- 6) Number of months from filing to last payment: 62.
- 7) Number of months case was pending: 68.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$126,852.17.
- 10) Amount of unsecured claims discharged without payment: \$95,182.55.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$34,753.00
Less amount refunded to debtor	\$741.31

**NET RECEIPTS:**

**\$34,011.69**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$3,354.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$1,865.04
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:**

**\$5,219.04**

Attorney fees paid and disclosed by debtor:	\$146.00
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**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ABSOULUTE COLLECTION SERVICE	Unsecured	15,051.29	NA	NA	0.00	0.00
ACL LABORATORIES	Unsecured	36.51	NA	NA	0.00	0.00
ACL LABORATORIES	Unsecured	36.51	NA	NA	0.00	0.00
ADVOCATE BETHANY HOSPITAL	Unsecured	1,029.00	NA	NA	0.00	0.00
ADVOCATE BETHANY HOSPITAL	Unsecured	429.00	NA	NA	0.00	0.00
ADVOCATE BETHANY HOSPITAL	Unsecured	359.00	NA	NA	0.00	0.00
ADVOCATE BETHANY HOSPITAL	Unsecured	705.00	NA	NA	0.00	0.00
ADVOCATE BETHANY HOSPITAL	Unsecured	152.00	NA	NA	0.00	0.00
ADVOCATE HEALTH & HOSPITAL CTR	Unsecured	241.00	NA	NA	0.00	0.00
BETA FINANCE	Unsecured	2,047.00	2,047.00	2,047.00	2,047.00	0.00
BETHANY HOSPITAL	Unsecured	36.67	NA	NA	0.00	0.00
CAPITAL ONE BANK USA	Unsecured	NA	1,486.07	1,486.07	1,486.07	0.00
CB USA INC	Unsecured	1,783.00	1,782.55	1,782.55	1,782.55	0.00
CHECK IN TO CASH	Unsecured	302.00	NA	NA	0.00	0.00
CHECK INTO CASH	Unsecured	581.00	NA	NA	0.00	0.00
CHECK N GO	Unsecured	1,500.00	NA	NA	0.00	0.00
CHICAGO PODIATRIC SURGEONS	Unsecured	693.00	NA	NA	0.00	0.00
CITI FINANCIAL	Unsecured	60,274.35	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENU	Unsecured	870.00	1,070.00	1,050.12	1,050.12	0.00
CONSUMER PORTFOLIO SERV	Unsecured	13,982.00	0.00	10,460.26	10,460.26	0.00
CONSUMER PORTFOLIO SERV	Secured	7,865.00	18,660.26	8,200.00	8,200.00	343.61
COOK COUNTY TREASURER	Secured	631.25	332.44	332.44	332.44	0.00
DOMINICKS FINER FOODS	Unsecured	116.11	NA	NA	0.00	0.00
EMERGENCY MEDICAL SPECIALIST	Unsecured	277.00	NA	NA	0.00	0.00
EMERGENCY MEDICAL SPECIALIST	Unsecured	81.00	NA	NA	0.00	0.00
EVERGREEN EMERGENCY SCVS	Unsecured	241.00	NA	NA	0.00	0.00
GREAT AMERICAN FINANCE	Secured	250.00	0.00	1,000.00	1,000.00	71.86
GREAT AMERICAN FINANCE	Unsecured	2,086.00	NA	NA	0.00	0.00
GREAT LAKES SPECIALTY FINANCE	Unsecured	1,500.00	NA	NA	0.00	0.00
ICON SECURITY	Unsecured	2,105.53	NA	NA	0.00	0.00
ILLINOIS COLLECTION SVC	Unsecured	92.60	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
L STALLINGS & ASSOC	Unsecured	241.60	NA	NA	0.00	0.00
LANE BRYANT	Unsecured	203.06	NA	NA	0.00	0.00
LANE BRYANT RETAIL SOA	Unsecured	235.00	NA	NA	0.00	0.00
LASALLE BANK	Unsecured	110.00	NA	NA	0.00	0.00
LASALLE BANK	Unsecured	317.00	NA	NA	0.00	0.00
MACNEAL EMERGENCY PHYSICIAN	Unsecured	209.00	NA	NA	0.00	0.00
MEDICAL BUSINESS BUREAU	Unsecured	917.00	NA	NA	0.00	0.00
MERCHANTS AD	Unsecured	75.00	75.00	75.00	75.00	0.00
MIDWEST DIAGNOSTIC PATHOLOGY	Unsecured	28.00	NA	NA	0.00	0.00
N W M F F	Unsecured	83.00	NA	NA	0.00	0.00
NATIONWIDE CREDIT & COLLECTIO	Unsecured	256.00	NA	NA	0.00	0.00
OCWEN LOAN SERVICING LLC	Secured	173,989.00	185,867.60	0.00	0.00	0.00
OCWEN LOAN SERVICING LLC	Secured	NA	146.76	146.76	146.76	0.00
PAYDAY LOAN STORE OF IL INC	Unsecured	1,000.00	NA	NA	0.00	0.00
PRA RECEIVABLES MANAGEMENT	Unsecured	410.00	410.41	410.41	410.41	0.00
PREMIER BANK CARD	Unsecured	289.00	289.36	289.36	289.36	0.00
PREMIER BANK CARD	Unsecured	194.00	309.34	309.34	309.34	0.00
QUEST DIAGNOSTIC	Unsecured	188.70	NA	NA	0.00	0.00
RESURRECTION HEALTH CARE	Unsecured	61.88	NA	NA	0.00	0.00
RUSH UNIVERSITY MEDICAL	Unsecured	161.00	NA	NA	0.00	0.00
RUSH UNIVERSITY MEDICAL CENTE	Unsecured	55.00	NA	NA	0.00	0.00
RUSH UNIVERSITY MEDICAL CENTE	Unsecured	161.00	NA	NA	0.00	0.00
SIR FINANCE	Unsecured	1,191.00	660.00	660.00	660.00	0.00
ST ANTHONY HOSPITAL	Unsecured	680.74	NA	NA	0.00	0.00
STATE COLLECTION SERVICE	Unsecured	80.00	NA	NA	0.00	0.00
T-MOBILE/T-MOBILE USA INC	Unsecured	NA	127.87	127.87	127.87	0.00
UNIVERSITY ANESTHESIOLOGIST	Unsecured	213.00	NA	NA	0.00	0.00
UNIVERSITY OF IL MEDICAL CNT	Unsecured	955.00	NA	NA	0.00	0.00
UNIVERSITY PATHOLOGIST	Unsecured	172.00	NA	NA	0.00	0.00
VILLAGE RADIOLOGY	Unsecured	140.00	NA	NA	0.00	0.00
VILLAGE RADIOLOGY	Unsecured	140.00	NA	NA	0.00	0.00
VYRIDIAN REVENUE MANAGEMENT	Unsecured	256.00	NA	NA	0.00	0.00
WEST SIDE EMERGENCY	Unsecured	145.00	NA	NA	0.00	0.00
WEST SIDE EMERGENCY	Unsecured	13.00	NA	NA	0.00	0.00
WEST SIDE EMERGENCY PHYS	Unsecured	235.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$146.76	\$146.76	\$0.00
Debt Secured by Vehicle	\$8,200.00	\$8,200.00	\$343.61
All Other Secured	\$1,332.44	\$1,332.44	\$71.86
<b>TOTAL SECURED:</b>	<b>\$9,679.20</b>	<b>\$9,679.20</b>	<b>\$415.47</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$18,697.98</b>	<b>\$18,697.98</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$5,219.04</u>
Disbursements to Creditors	<u>\$28,792.65</u>

<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$34,011.69</u></b>
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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 06/24/2015

By: /s/ Tom Vaughn

Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.